

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/587517

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		/		/			54						
5	/		/				55						
6		/		/			56						
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10							60						
11							61						
12							62						
13	/		/				63						
14	/		/				64						
15	/		/				65						
16	/		/				66						
17	/		/				67						
18		/		/			68						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			10										
TOTAL DEP.			11										
TOTAL CLAIMS			21										